24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
	O
Check if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Strategic Partners & Media	Date of Public Distribution/Dissemination
Strategic Farthers & Media	10 28 2016
Mailing Address 1851A McGuckian Street	Amount
City State Zip Code	19794.15
Annapolis MD 21401	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type 004	10 29 2016
Name of Federal Candidate Support Office	Sought:
Owens, Doug, , ,	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought Disbu 2016	rsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
American Media & Advocacy Group	10 28 2016
Mailing Address 815 Slaters Lane	Amount
City State Zip Code	274236.88
Alexandria VA 22314	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Time 004	10 21 2016
Type Type	10 21 2010
	Sought: House District: 04
Owens, Doug, , ,	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought Disbut 294031.03	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	294031.03
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Crosby, Caleb, , , [Electronically Filed] Date	0 29 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
Check if X 24-hour report 48-hour report New report Amends report fil	ed on Mam / Dad / Yayayay
Full Name of Payee The Prosper Group Corporation	Date of Public Distribution/Dissemination
Mailing Address 435 East Main Street	10 28 2016 Amount
City State Zip Code Greenwood IN 46143	22000.00 Transaction ID : 003
Purpose of Expenditure Media placement Category/ Type 004	Date of Disbursement or Obligation 10 27 2016
Name of Foderal Condidate	fice Sought: House District: 04
Owens, Doug, , ,	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary X General 16 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Oppose	fice Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought	sbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	22000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	316031.03
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Crosby, Caleb, , , [Electronically Filed] Date	10 29 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y